

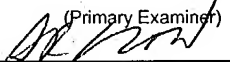


|  |                         |   |  |
|--|-------------------------|---|--|
| <b>Issue Classification</b><br> | Application/Control No. | Applicant(s)/Patent under Reexamination |  |
|  | 10/077,655              | QUIROS GRANADOS, MANUEL                 |  |
|  | Examiner                | Art Unit                                |  |
|  | Steve R. Crow           | 3764                                    |  |

| ISSUE CLASSIFICATION   |          |   |   |  |                                   |  |  |                         |  |  |
|--|----------|---|---|--|-----------------------------------|--|--|-------------------------|--|--|
| ORIGINAL   |          |   |   | CROSS REFERENCE(S)   |                                   |  |  |                         |  |  |
| CLASS  | SUBCLASS |   |   | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |                         |  |  |
| 482  | 57       |   |   | 482  | 61                                |  |  |                         |  |  |
| INTERNATIONAL CLASSIFICATION   |          |   |   |  |                                   |  |  |                         |  |  |
| A  | 6        | 3 | B | 22106  |                                   |  |  |                         |  |  |
| A  | 6        | 3 | B | 69116  |                                   |  |  |                         |  |  |
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|  |          |   |   | /  |                                   |  |  |                         |  |  |
|  |          |   |   | /  |                                   |  |  |                         |  |  |
|  |          |   |   | STEPHEN R. CROW<br>PRIMARY EXAMINER<br>ART UNIT 332  |                                   |  |  | Total Claims Allowed: 7 |  |  |
| (Assistant Examiner) (Date)  |          |   |   |  |                                   |  |  | O.G. Print Claim(s)     |  |  |
|  9-20-04<br>(Legal Instruments Examiner) (Date) |          |   |   |  9-14-04<br>(Primary Examiner) (Date) |                                   |  |  | O.G. Print Fig.         |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
|  | 1        |                              | 31       |                               | 61       |                                 | 121      |
|  | 2        |                              | 32       |                               | 62       |                                 | 122      |
|  | 3        |                              | 33       |                               | 63       |                                 | 123      |
|  | 4        |                              | 34       |                               | 64       |                                 | 124      |
|  | 5        |                              | 35       |                               | 65       |                                 | 125      |
|  | 6        |                              | 36       |                               | 66       |                                 | 126      |
|  | 7        |                              | 37       |                               | 67       |                                 | 127      |
| 1  | 8        |                              | 38       |                               | 68       |                                 | 128      |
| 2  | 9        |                              | 39       |                               | 69       |                                 | 129      |
| 3  | 10       |                              | 40       |                               | 70       |                                 | 130      |
| 4  | 11       |                              | 41       |                               | 71       |                                 | 131      |
| 5  | 12       |                              | 42       |                               | 72       |                                 | 132      |
| 6  | 13       |                              | 43       |                               | 73       |                                 | 133      |
| 7  | 14       |                              | 44       |                               | 74       |                                 | 134      |
|  | 15       |                              | 45       |                               | 75       |                                 | 135      |
|  | 16       |                              | 46       |                               | 76       |                                 | 136      |
|  | 17       |                              | 47       |                               | 77       |                                 | 137      |
|  | 18       |                              | 48       |                               | 78       |                                 | 138      |
|  | 19       |                              | 49       |                               | 79       |                                 | 139      |
|  | 20       |                              | 50       |                               | 80       |                                 | 140      |
|  | 21       |                              | 51       |                               | 81       |                                 | 141      |
|  | 22       |                              | 52       |                               | 82       |                                 | 142      |
|  | 23       |                              | 53       |                               | 83       |                                 | 143      |
|  | 24       |                              | 54       |                               | 84       |                                 | 144      |
|  | 25       |                              | 55       |                               | 85       |                                 | 145      |
|  | 26       |                              | 56       |                               | 86       |                                 | 146      |
|  | 27       |                              | 57       |                               | 87       |                                 | 147      |
|  | 28       |                              | 58       |                               | 88       |                                 | 148      |
|  | 29       |                              | 59       |                               | 89       |                                 | 149      |
|  | 30       |                              | 60       |                               | 90       |                                 | 150      |
|  |          |                              |          |                               |          |                                 | 151      |
|  |          |                              |          |                               |          |                                 | 152      |
|  |          |                              |          |                               |          |                                 | 153      |
|  |          |                              |          |                               |          |                                 | 154      |
|  |          |                              |          |                               |          |                                 | 155      |
|  |          |                              |          |                               |          |                                 | 156      |
|  |          |                              |          |                               |          |                                 | 157      |
|  |          |                              |          |                               |          |                                 | 158      |
|  |          |                              |          |                               |          |                                 | 159      |
|  |          |                              |          |                               |          |                                 | 160      |
|  |          |                              |          |                               |          |                                 | 161      |
|  |          |                              |          |                               |          |                                 | 162      |
|  |          |                              |          |                               |          |                                 | 163      |
|  |          |                              |          |                               |          |                                 | 164      |
|  |          |                              |          |                               |          |                                 | 165      |
|  |          |                              |          |                               |          |                                 | 166      |
|  |          |                              |          |                               |          |                                 | 167      |
|  |          |                              |          |                               |          |                                 | 168      |
|  |          |                              |          |                               |          |                                 | 169      |
|  |          |                              |          |                               |          |                                 | 170      |
|  |          |                              |          |                               |          |                                 | 171      |
|  |          |                              |          |                               |          |                                 | 172      |
|  |          |                              |          |                               |          |                                 | 173      |
|  |          |                              |          |                               |          |                                 | 174      |
|  |          |                              |          |                               |          |                                 | 175      |
|  |          |                              |          |                               |          |                                 | 176      |
|  |          |                              |          |                               |          |                                 | 177      |
|  |          |                              |          |                               |          |                                 | 178      |
|  |          |                              |          |                               |          |                                 | 179      |
|  |          |                              |          |                               |          |                                 | 180      |
|  |          |                              |          |                               |          |                                 | 181      |
|  |          |                              |          |                               |          |                                 | 182      |
|  |          |                              |          |                               |          |                                 | 183      |
|  |          |                              |          |                               |          |                                 | 184      |
|  |          |                              |          |                               |          |                                 | 185      |
|  |          |                              |          |                               |          |                                 | 186      |
|  |          |                              |          |                               |          |                                 | 187      |
|  |          |                              |          |                               |          |                                 | 188      |
|  |          |                              |          |                               |          |                                 | 189      |
|  |          |                              |          |                               |          |                                 | 190      |
|  |          |                              |          |                               |          |                                 | 191      |
|  |          |                              |          |                               |          |                                 | 192      |
|  |          |                              |          |                               |          |                                 | 193      |
|  |          |                              |          |                               |          |                                 | 194      |
|  |          |                              |          |                               |          |                                 | 195      |
|  |          |                              |          |                               |          |                                 | 196      |
|  |          |                              |          |                               |          |                                 | 197      |
|  |          |                              |          |                               |          |                                 | 198      |
|  |          |                              |          |                               |          |                                 | 199      |
|  |          |                              |          |                               |          |                                 | 200      |
|  |          |                              |          |                               |          |                                 | 201      |
|  |          |                              |          |                               |          |                                 | 202      |
|  |          |                              |          |                               |          |                                 | 203      |
|  |          |                              |          |                               |          |                                 | 204      |
|  |          |                              |          |                               |          |                                 | 205      |
|  |          |                              |          |                               |          |                                 | 206      |
|  |          |                              |          |                               |          |                                 | 207      |
|  |          |                              |          |                               |          |                                 | 208      |
|  |          |                              |          |                               |          |                                 | 209      |
|  |          |                              |          |                               |          |                                 | 210      |